



Economic and Social Council

Distr.  
GENERAL

E/ICEF/1993/5  
25 February 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND  
Executive Board  
1993 session

FOR ACTION

PROGRAMME DEVELOPMENT IN THE EASTERN AND SOUTHERN AFRICA REGION

The present document reports on and analyses major new trends and developments of UNICEF programme cooperation in the Eastern and Southern Africa region during 1992.

The UNICEF regional office has responsibility for UNICEF cooperation in the following countries: Angola, Botswana, Burundi, Comoros, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Seychelles, Somalia, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

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## I. DROUGHT AND POLITICAL CONFLICT

1. Conflict and drought caused severe emergencies that affected more than 50 million people, or 21 per cent of the total population in the Eastern and Southern African region in 1992. The donor response was closely linked to media attention to the various country emergencies. For example, the Special Emergency Programme for the Horn of Africa appeal for Somalia was only 26 per cent funded by August 1992, but after the Secretary-General of the United Nations drew the attention of the Security Council and the international media to the plight of the Somalis, it jumped to 69 per cent. Kenya and Mozambique also received considerable media attention and were relatively well funded, while Madagascar, Malawi and Zimbabwe were initially forced to manage for themselves, mainly by diverting scarce human and financial resources away from development to emergencies. At the same time, the silent emergency of poverty, disease and undernutrition continued to affect over one half of the population, making 1992 doubly difficult for the poor in drought and conflict countries.

### A. Conflict-related emergencies

2. The end of the cold war created a vacuum in the Horn of Africa, where both Ethiopia and Somalia continued to undergo political transition. Ethiopia had a fruitful year of reconciliation, including local-level elections. There is also peace in the province of Eritrea, and it appears that the referendum on independence (to be held in April 1993) will proceed smoothly. In the meantime, some 2.75 million Eritreans need relief assistance to overcome the legacies of more than 30 years of civil war and a year of drought.

3. By contrast, Somalia collapsed in 1992 into total anarchy which has left over 4.2 million people in need of food aid. In 1992 alone, approximately 300,000 people (mostly young children) have died from disease, dehydration and starvation. Most relief personnel were forced to evacuate the country during a period of intense fighting between October 1991 and April 1992, leaving much of the population without food. When relief efforts resumed, there were marked improvements in the food supply position, but continued anarchy and chaos prevented the establishment of sustainable civil order for food distribution. In December, the United Nations deployed a large United States-led force to facilitate humanitarian relief distribution and to contain one of the world's most horrific tragedies.

4. The civil war in southern Sudan escalated in 1992, with the Government's dry season military offensive recapturing many towns formerly under the control of the Sudan People's Liberation Army (SPLA). SPLA has split into at least three factions, and in September 1992, two UNICEF staff working for the United Nations Department of Humanitarian Affairs (DHA) Operation Lifeline Sudan were killed as the most recent split occurred. Southern Sudanese refugees who had fled Ethiopia when the Mengistu Government fell were once again trekking to the relative safety of western Ethiopia to become refugees once more by mid- to late-1992. At the same time, Somali civilians were crossing into Ethiopia's Ogaden region to become refugees, bringing the number of refugees, returnees and drought-affected people in Ethiopia to about 12 million.

5. In Mozambique, continued civil war and the worst drought in memory created severe food shortages for some 3 million to 4 million people. Negotiations to secure a cease-fire to deliver relief into contested drought-affected areas paved the way for an October peace accord. The United Nations Security Council is sending troops to oversee the peace process. Their numbers will be much greater than they were in Angola, where the United Nations was unable to prevent the rekindling of the country's civil war following national elections. In addition, logistical constraints and the chronic nature of the conflict have impeded the delivery of required relief. Large-scale needs are projected through 1993-1994 to assist some 60,000 soldiers who are demobilizing, 1 million refugees repatriating from neighbouring countries and several million displaced persons resettling in their home areas.

6. In Angola, unfortunately, the hope that followed the 1991 peace agreement has dissipated. Although national elections were held in September 1992 under international supervision, the Union for the Total Independence of Angola was dissatisfied with the results and resumed hostilities. As a result of fighting in Luanda, United Nations staff were temporarily evacuated in November 1992, returning in early December to a tense, war-like, pre-election situation.

#### B. Drought-related emergencies

7. In southern Africa (including South Africa), the worst drought in living memory has reduced food production by 50 per cent, and has decimated major water sources such as the Limpopo River and cattle herds (with many animals killed and their meat put into old storage). While household incomes have declined precipitously, the prices of staple foods have increased by 30 to 200 per cent. Some 21 million people experienced severe food shortages, and health and nutrition conditions deteriorated during 1992. Although seasonal rains in late 1992 were reasonably good across much of eastern and southern Africa, recovery will not be immediate and many small-scale farmers will need help to restore lost assets and output.

8. Although Botswana, Namibia and Zimbabwe met a large part of relief needs using national resources, their drought-affected neighbours - with limited financial resources, poor transportation networks, inadequate information systems and weak institutional capacity for relief planning - were chiefly reliant on donor aid. This has raised the question of how relief can be better used in the future to build national capacity.

9. The donor response to the drought has been coordinated under the Drought Emergency in Southern Africa Appeal, formulated by an inter-agency team (headed by DHA) and the Southern Africa Development Coordination Conference. About \$600 million was initially pledged against the \$856 million appeal (including about \$52 million sought by UNICEF). In addition, the World Bank pledged \$310 million to support non-food sectors and agricultural rehabilitation in Malawi, Mozambique, Zambia and Zimbabwe. While the response has generally been good, pledges were not always delivered on schedule, allocations have been very uneven among countries and between sectors, and certain non-food sectors such as water supply and health have not been well-supported overall. The appeal was updated in December, but a thorough reassessment will be needed in early 1993.

10. Southern Madagascar and northern Kenya also experienced severe drought conditions in 1992. In Kenya, the influx of 375,000 Somali refugees has complicated relief efforts for some 2.1 million affected people and further burdened water resources and basic services infrastructure in the arid border areas. In Madagascar, which had still not completely recovered from a 1991 drought, economic constraints and political insecurity exacerbated the situation.

## II. THE ECONOMIC SITUATION

### A. The regional economy

11. Although eastern and southern African countries continued to follow the structural adjustment prescriptions of the World Bank and the International Monetary Fund (IMF), drought and political instability at home, combined with economic recession abroad, have kept growth well below the 4 per cent previously projected. As a result of the drought, poverty increased, economic output fell (by 5 to 12 per cent in the larger economies of Malawi, Zambia and Zimbabwe) and progress from structural adjustment (e.g. in Kenya and Mozambique) faltered. At the same time, rural outmigration, livestock deaths, seed stock losses and job losses related to business failures (due to power and water shortages and declines in consumer demand) eroded household reserves as well as the productive base for future growth.

12. Political instability also limited growth in several countries in the region. Although Ethiopia, Mozambique and South Africa became more stable in 1992, improvements were limited and precarious and did not provide conditions for accelerated growth. By contrast, in Angola, Kenya, Rwanda and Somalia, the political situation deteriorated, discouraging investment and prompting capital flight. Ethiopia, South Africa, Uganda, the United Republic of Tanzania and Zimbabwe have started to reduce military expenditures, but this may involve social costs (e.g. higher unemployment) and the risk of further instability. Uganda demobilized 60,000 troops in 1992, setting a valuable precedent.

13. With recession in the industrialized economies, the demand for Africa's commodity exports remained low. Commodity prices have fallen in real terms for the last five years, to almost one half of their 1979-1981 levels, with the region's coffee, cotton and sugar producers suffering the largest losses in 1991-1992. Moreover, trade barriers continue to be a disincentive for export diversification. With only marginal reductions in debt service obligations, most countries continue to struggle with severe deficits in the balance of payments. This has brought about continued currency depreciation and domestic inflation, with serious consequences for the poor.

### B. Resources for human investment

14. Overall rates of domestic saving and investment remain low in many countries in the region. Foreign private investment also remains low, but multilateral investment has probably expanded. New lending from the African Development Bank rose to \$1 billion and the World Bank's gross lending to Africa rose to nearly \$4 billion in 1992, with about 80 per cent granted on highly

concessional (International Development Association) terms (e.g. for emergency reconstruction in Ethiopia, infrastructure rehabilitation in Angola, privatization and industrial reform in Zambia, and economic recovery in Mozambique). Moreover, Kenya, Malawi, Mozambique, Zambia and Zimbabwe have gained from World Bank and IMF lending intended to offset the costs of the drought and to promote recovery in the agriculture and water sectors.

15. Some countries (e.g. Mozambique, Uganda and Zambia) have won reductions in their outstanding debt obligations to the Paris Club. But these reductions may not bring improved cash flows for these Governments: actual repayments are often much less than obligations; some creditors are reducing bilateral official development assistance in tandem with debit reductions; and a considerable part of debt servicing is not to Paris Club members but to the World Bank and IMF, institutions constitutionally forbidden to reschedule debt. In brief, there continues to be a need for additional financial flows to Africa coupled with a more comprehensive approach to debt reduction.

### III. TRENDS AND PROSPECTS

#### A. National programmes of action

16. Most eastern and southern African countries have finalized their national programmes of action (NPAs) for children. Only in Angola, Somalia and South Africa has the NPA process not yet begun. In many countries in the region, the exercise of preparing an NPA - which articulates a Government's strategies for achieving the goals of the World Summit for Children - has created a genuine intersectoral approach to human development, a growing ability to assess and analyse the causes of development problems (including the underlying problem of poverty) and an increasing awareness of the importance of data for monitoring progress. In 1992, UNICEF focused on assisting Governments to formulate their NPAs and to develop systems to monitor both NPA implementation and progress towards the 1990s goals. In most countries in the region, monitoring is now the responsibility of an interministerial unit supervised by a key development ministry. Many of the countries have recently updated national statistics, particularly of the critical indicators (access to basic services and infant, child and maternal mortality rates) through national censuses or health and demographic surveys.

#### B. Trends in major indicators

17. A number of indicators have shown stagnation or reversal in recent years as a result of revisions in historical baseline data, limitations in social sector resources and unanticipated economic and health developments. It now appears that data established in 1990 were based on limited information. For example, in Zambia the estimated infant mortality rate has been revised from 82 to 112 per 1,000 live births. At least as importantly, declines in public sector services, coupled with extraneous events such as the drought, the loss of trained people due to migration and diseases such as acquired immune deficiency syndrome (AIDS) and economic crises have led to decreases in some key sectors; for example, in Harare, Zimbabwe, primary school enrolment has fallen from about

98 to 90 per cent, and the under-five mortality rate is projected to rise from 87 to 141 per 1,000 live births (if current trends persist) by 1994.

18. These trends have several causes. The cholera corridor has expanded and now includes Angola, Malawi, Mozambique, the United Republic of Tanzania, Zimbabwe and Zambia (where 30 per cent of cholera cases proved fatal in the October 1992 outbreak). Malaria remains a major killer in many countries, with research institutes reporting growing resistance to anti-malarial drugs such as chloroquine. In several countries, it has been difficult to increase immunization levels as rapidly as during the late 1980s as economies weakened and as health manpower was deployed to distribute food in the drought emergency. The drought across southern Africa raised malnutrition levels in many countries, with continuing effects as countries recover, and may maintain limits on social programme expenditures in the context of structural adjustment.

19. Yet the most worrisome cause for these reversals is the AIDS pandemic. All eastern and southern African countries now report human immunodeficiency virus (HIV)/AIDS cases. In Uganda and Zimbabwe, 10 to 12 per cent of adults are believed to be HIV-positive. As these people develop AIDS and die - already AIDS is the leading killer of adults in Uganda - the most productive sector of society will shrink, with devastating consequences for child welfare, social stability and economic productivity, to say nothing of the enormous burden placed on already fragile health care systems. Moreover, women and children will be the greatest AIDS sufferers: women are infected with HIV more often than men (as much as six times more often for those aged 15-20 years in Uganda); some 30 to 40 per cent of infants born to HIV-positive mothers will develop the disease and die from it before their fifth birthday; and the children who survive such births are likely to become AIDS orphans.

20. Another major challenge lies in access to safe water and adequate sanitation. The 1992 drought is a reminder that water resources in the region are limited and that shortages can have dramatic effects not only on health, but also on industrial and agricultural production (and, therefore, on food security and nutrition). Even before the drought, it was apparent that access to safe water in some countries was declining. In Kenya, for example, as hillsides, river beds and water catchment areas were cleared to make farmland, water sources - even in water-rich areas - dried up or became silted or contaminated with herbicides and insecticides, forcing an ever growing population to draw water from a declining number of safe sources. Reversing environmental degradation is a necessary component to ensuring access to safe water and, thus, to adequate sanitation.

### C. Democratization

21. In 1992, the demand for multi-party democracy spread throughout the region. Even Governments that have not fully embraced multi-party democracy have opened up their political processes. These developments have been positive, but they have also created uncertainty and instability in the short run. Moreover, the new Governments (and their donor partners) have created expectations that they are now challenged to meet.

22. In South Africa, the transition to majority rule has not been as rapid or as decisive as hoped, but it continues, having encountered - and overcome - several obstacles. These include the Government's whites-only referendum on South Africa's future (in March), the African National Congress (ANC)-led general strike (in August), escalating violence (particularly in Natal province), Inkatha's withdrawal from bilateral talks with the Government (in September) and a four-month hiatus in ANC/Government negotiations (ending in October). There remains considerable distance between ANC and the Government on economic and constitutional matters. In a major concession, ANC agreed that the multilateral Conference for a Democratic South Africa (CODESA) would determine whether the new South Africa will be a unitary State (as ANC desires) or a highly decentralized federal State (as the Government and its right-wing and homeland allies desire). Hence CODESA, struggling to find a new format that is both more efficient and more representative before multilateral talks resume (probably in March 1993), has been empowered to impose constitutional limits on the constituent assembly which will govern a free South Africa. At the same time, ANC (in November) formally decided to seek a Government of national unity (including the National Party) for the transition period and possibly even beyond South Africa's first "all-in" democratic elections (now scheduled for March or April 1994).

D. The International Conference on Assistance to African Children

23. Mobilization efforts in 1992 were centred on the Organization of African Unity (OAU) International Conference for Assistance to African Children (ICAAC) held in Dakar, Senegal, in November, and involving UNICEF, other United Nations agencies, donors, non-governmental organizations and most African Governments. ICAAC, which had its genesis at the 1991 OAU Summit meeting, aimed to raise the profile of Africa's problems as they relate to children. In the Consensus of Dakar, participating Governments pledged to attain six targets for children and women by 1995. These targets are intermediate to attaining the goals contained in the NPAs and can be achieved at low-cost, with the commitment of national leadership and social mobilization rather than through the allocation of major additional financial resources. They include (a) raising immunization levels to 90 per cent for measles; (b) raising immunization levels to 80 per cent for the other vaccine-preventable diseases; (c) achieving 80 per cent usage of oral rehydration therapy; (d) eliminating iodine deficiency disorders; (e) eliminating vitamin A deficiency; and (f) encouraging exclusive breast-feeding for four to six months and sustained breast-feeding for up to 24 months. The Dakar Consensus also launched a new effort to combat a decade of decline in African incomes by mobilizing donor and government resources, with emphasis on restructuring national budgets to release more money for child survival and development.

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